



Complete Summary

TITLE

Access: time to third next available appointment for a physical exam.

SOURCE(S)

Wisconsin Collaborative for Healthcare Quality, Inc. Access: time to third next available appointment. Madison (WI): Wisconsin Collaborative for Healthcare Quality, Inc.; 2006 Jul 11. 6 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Structure

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Access

Brief Abstract

DESCRIPTION

Access is a measure of the patient's ability to seek and receive care with the provider of their choice, at the time they choose, regardless of the reason for their visit. Counting the third next available appointment is the healthcare industry's standard measure of access to care and indicates how long a patient waits to be seen.

This measure is used to assess the average number of days to the third next available appointment for a physical exam* for each clinic and/or department. This measure does not differentiate between "new" and "established" patients.

See the National Quality Measures Clearinghouse (NQMC) summary of the Wisconsin Collaborative for Healthcare Quality measure [Access: time to third next available appointment for an office visit](#).

***Note:** Physical exams are generally for the purposes of monitoring and maintaining an individual's health and include well child checks (Peds/Med Peds), Papanicolaou (Pap) and pelvic exams (FP/IM setting), and first prenatal visit/New OB (OB).

RATIONALE

Access to healthcare is important to the quality of healthcare outcomes. Patients who can promptly schedule appointments with their healthcare providers will have higher satisfaction, will likely return to work sooner, and may well have better medical outcomes.

PRIMARY CLINICAL COMPONENT

Appointment availability; average wait time

DENOMINATOR DESCRIPTION

This measure applies to providers within a reported clinic and/or department (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Continuous variable statement: Average number of days to third next available appointment for a physical exam for each clinic and/or department

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Overall insufficient capacity

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Murray M, Berwick DM. Advanced access: reducing waiting and delays in primary care. JAMA2003 Feb 26;289(8):1035-40. [PubMed](#)

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Collaborative inter-organizational quality improvement
Internal quality improvement
National reporting

Application of Measure in its Current Use**CARE SETTING**

Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physician Assistants
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

TARGET POPULATION AGE

Does not apply to this measure

TARGET POPULATION GENDER

Does not apply to this measure

STRATIFICATION BY VULNERABLE POPULATIONS

Does not apply to this measure

Characteristics of the Primary Clinical Component**INCIDENCE/PREVALENCE**

The 1999 Kaiser Family Foundation survey of insured adults younger than 65 years found that 27% of people with health problems had difficulty gaining timely access to a clinician. Forty percent of emergency department visits are not urgent. Many take place because of an inability to obtain a prompt primary care appointment. From 1997 to 2001, the percentage of people reporting an inability to obtain a timely appointment rose from 23% to 33%. In 2001, 43% of adults reporting an urgent condition were sometimes unable to receive care as soon as they wanted. A 2001 women's health survey found that 28% of women in fair or poor health reported delaying care or failing to receive care because of an inability to obtain a timely physician appointment.

EVIDENCE FOR INCIDENCE/PREVALENCE

Murray M, Berwick DM. Advanced access: reducing waiting and delays in primary care. JAMA2003 Feb 26;289(8):1035-40. [PubMed](#)

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

See "Incidence/Prevalence" field.

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Not within an IOM Care Need

IOM DOMAIN

Not within an IOM Domain

Data Collection for the Measure

CASE FINDING

Does not apply to this measure

DENOMINATOR SAMPLING FRAME

Does not apply to this measure

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

This measure applies to providers* within a reported clinic and/or department**

*Providers:

- All providers are included. Full-time and part-time providers are included, regardless of the number of hours s/he practices per week.
 - Providers who truly job share are counted as one provider (i.e., they share one schedule, and/or they work separate day and share coverage of one practice).
 - When measuring a care team, each member of the care team is counted separately (i.e., MD, NP, PA).
 - If a provider is practicing in a specialty other than the one in which s/he is board certified, the provider should be included in the specialty in which s/he is practicing.
 - For providers practicing at more than 1 location, measure days to third next available for only the provider's primary location as long as the provider is at that location 51%+ of their time.
- Locums are included in the measure only if they are assigned to a specific site for an extended period of time (greater than 4 weeks) and provide continuity care to a panel of patients.
- Mid-Level providers are included in the measure (NP, PA, CNM).
 - Mid-Level providers should have continuity practice and their own schedule available to see patients.

****Departments:**

- Primary Care
 - General Internal Medicine
 - Family Practice
 - Pediatrics with the focus on generalists, not specialists
 - Med/Peds (physicians who see both adults and children)
- Specialty Care
 - Obstetrics
 - Physical exam = New OB visit

Exclusions

- Exclude clinicians who do not practice for an extended period of time (greater than 4 weeks) due to maternity leave, sabbatical, family medical leave.
- Mid-Level providers who function only as an "extender," overflow to another practice, or urgent care should not be included.

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

Does not apply to this measure

DENOMINATOR (INDEX) EVENT

Does not apply to this measure

DENOMINATOR TIME WINDOW

Does not apply to this measure

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Continuous variable statement: Average number of days to third next available appointment for a physical exam for each clinic and/or department

The measure will take into account calendar days, including weekends, holidays and clinician days off.

Exclusions

Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Encounter or point in time

DATA SOURCE

Provider data

LEVEL OF DETERMINATION OF QUALITY

Does not apply to this measure

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Continuous Variable

INTERPRETATION OF SCORE

Better quality is associated with a lower score

ALLOWANCE FOR PATIENT FACTORS

Does not apply to this measure

STANDARD OF COMPARISON

External comparison at a point in time
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Time to third next available appointment is a nationally accepted measure of access and is endorsed by the Institute for Healthcare Improvement. This measure is used across the country at most major healthcare institutions. In addition, the members of the Wisconsin Collaborative for Healthcare Quality have undergone a data audit and validation by MetaStar, Inc, an independent third party. The purpose of this process was to audit the systems used to produce the data and to conduct measure determination. Measure determination consists of a series of steps to assure that the denominator is accurate, the sampling process is accurate, the numerator is appropriate, the entity has complied with the algorithm and documentation is appropriate.

EVIDENCE FOR RELIABILITY/VALIDITY TESTING

Clough B. (Quality & Performance Improvement, Gundersen Lutheran Health System, LaCrosse WI). Personal communication. 2004 Nov 2. 1 p.

Identifying Information

ORIGINAL TITLE

Time to third next available appointment.

DEVELOPER

Wisconsin Collaborative for Healthcare Quality

FUNDING SOURCE(S)

Wisconsin Collaborative for Healthcare Quality's (WCHQ) primary funding source is derived through member dues paid annually. There were no other grants or sources of outside funding that supported the development of this measure.

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

Staff from physician groups/medical group organizations who are members of Wisconsin Collaborative for Healthcare Quality (WCHQ).

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

None

ENDORSER

Institute for Healthcare Improvement

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2003 Oct

REVISION DATE

2006 Jul

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: Wisconsin Collaborative for Healthcare Quality, Inc. Access: time to third next available appointment. Madison (WI): Wisconsin Collaborative for Healthcare Quality, Inc.; 2006. 6 p.

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MEASURE AVAILABILITY

The individual measure, "Time to Third Next Available Appointment," is published in "Access: Time to Third Next Available Appointment." This measure is available from the [Wisconsin Collaborative for Healthcare Quality](http://wchq.org).

For more information, contact Wisconsin Collaborative for Healthcare Quality, Inc. at PO Box 258100, Madison, WI 53725-8100; Phone: 608-250-1223; E-mail: info@wchq.org; Web site: <http://wchq.org>.

COMPANION DOCUMENTS

The following is available:

- Murray M, Tantau C. Same-day appointments: exploding the access paradigm. Fam Pract Manag 2000 Sep;7(8):45-50.

NQMC STATUS

This NQMC summary was completed by ECRI on January 13, 2005. The information was verified by the measure developer on January 19, 2005. This NQMC summary was updated by ECRI on July 20, 2006 and again on June 22, 2007. The information was verified by the measure developer on July 3, 2007.

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